

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V54069** (2)

1. Corporation Name

SURGIPRO CENTRAL, INC.



Principal Place of Business

**3909 EAST SEMORAN BLVD.
APOPKA FL 32703**

Mailing Address

**P O BOX 160056
ALTAMONTE SPRINGS FL 32716-0056
US**

2. Principal Place of Business

21 **C/O Ozark at Advantist**

Suite, Apt. #, etc.

Academy

22 City & State

23 **Gentry, AR**

Zip

24 **72734**

Country

25

26. Mailing Address

26 **203 N Oak**

Suite, Apt. #, etc.

27 City & State

28 **Sallisaw, OK**

Zip

29 **74955**

Country

30

3. Date Incorporated or Qualified

07/27/1992

3a. Date of Last Report

04/27/1995

4. FEI Number

59-3133535

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PAGE, CLAY
3909 EAST SEMORAN BLVD.
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Clay Page**

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when not stating)

5/1/96

Date

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **PAGE, CLAYTON W.**
STREET ADDRESS **919 WEST SR 436 SUITE 240**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **MITCHELL, KELLY**
STREET ADDRESS **300 S. JENKINS**
CITY-ST-ZIP **SALLISAW OK**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Sec/Tres.** ☐ Change ☒ Addition

1.2 NAME **Clayton Lee Farmer**
1.3 STREET ADDRESS **PO Box 812**
1.4 CITY-ST-ZIP **Sallisaw OK 74955**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: **Clayton Lee Farmer Clayton Lee Farmer**

4-30-96 918-775-2085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)